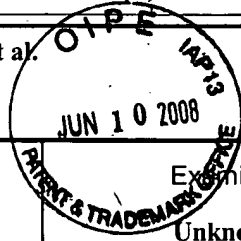


**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.  
RLL-256.2CIPUS

In Re Application Of: SALMAN et al.



Application No.

Filing Date

Examiner

Customer No.

Group Art Unit

Confirmation No.

10/552,503

6/8/2006

Unknown

26,815

1614

2262

Title: AZABICYCLO DERIVATIVES AS MUSCARINIC RECEPTOR ANTAGONISTS

Address to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**37 CFR 1.97(b)**

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

**OR**

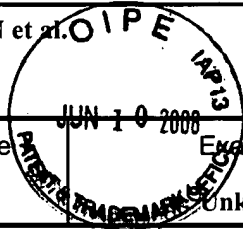
☐ the fee set forth in 37 CFR 1.17(p).

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.  
RLL-256.2CIPUS

In Re Application of:

SALMAN et al.



Application No.

10/552,503

Filing Date

6/8/2006

Examiner

Unknown

Customer No.

26,815

Group Art Unit

1614

Confirmation No.

2262

Title: **AZABICYCLO DERIVATIVES AS MUSCARINIC RECEPTOR ANTAGONISTS**

**Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0912 as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☐ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**Certificate of Transmission by Facsimile\***

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

\*This certificate may only be used if paying by deposit account.

Signature

George E. Heibel, Esq.  
Reg. No. 42,648

CUSTOMER NO. 26,815

**Certificate of Mailing by First Class Mail**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

June 6, 2008

(Date)

Signature of Person Mailing Correspondence

Linda Weinstein

Typed or Printed Name of Person Mailing Certificate

Dated: June 6, 2008

CC: